Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>07/30/2010</u>	Address:	S.R. 7 @ S.R. 3	
Case #:	42-30911		(SOUTH JUNCTION)	
County:	<u>JENNINGS</u>			
			cure Location (check all that apply)	
	al/Glassware/Equipment (only)	☐ Residence ☐ Outbuilding ☐ Vehicle		
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all th	nat apply) /Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):				
☐ Flammable Solvents:				
☐ Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s): <u>ALONG ROADWAY</u>				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
∐ Yes ⊠ No	r age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	EInformation E/Pseudoephedrine Tracking Log erchant Tip	
This report	is to be faxed to the following agen	cies that serve the lo	cation:	
Fire Departr	ment: NORTH VERNON FIRE	Fax: <u>812-34</u>		
Health Department: <u>JENNINGS CO.</u>		Fax: <u>812-35</u> Fax: N/A	52-3030	
Child Protec	etion Service: N/A			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: MARTIN A. MEAD Phone 812-522-1441				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.